

**MEDICAL BOARD OF CALIFORNIA****LICENSING PROGRAM**

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APPLICATION FOR REGISTRATION AS A STUDENT RESEARCH PSYCHOANALYST

1. Name: Last First Middle			
2. Other names you have used: (include maiden name)			
3. Public Address of Record: Number and street/post office box/rural route/apartment number. (This address will be released to the public.)			
City	State	Zip Code	Country
4. Confidential Street Address: Number and street/rural route/apartment number, if any. (Applicants must provide a confidential street address when a post office box is used as the Public Address in #4 above.)			
City	State	Zip Code	Country
5. Telephone Number: Home: () Work: ()		6. U. S. Social Security Number *	
7. Date of Birth: (Month/Day/Year)		8. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
9. Have you ever previously registered as a research psychoanalyst in California? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please give registration number: _____			
10. List the names and locations of all schools where professional instruction was received. Please submit official transcripts verifying that a doctorate degree has been granted. Note: Transcripts will not be returned.			
Name	City State Country		Dates of Attendance
11. List the name and location of the school where psychoanalytic training will be received. Please submit official certification from the dean verifying your current student status.			
Name	City State Country		Dates of Attendance

* MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBERS. Disclosure of your U.S. Social Security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405C(2)(C)) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code or for verification of licensure/registration or examination status by a licensing or examination entity which utilizes a national examination and where licensure/registration is reciprocal with the requesting state. If you fail to disclose your social security number, your application for initial licensure/registration will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

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NAME: Last	First	Middle	<p>PHOTO AREA</p> <p>Paste a 2 ¼" X 3" photo here</p> <p>Photo must be of your head and shoulder areas only and must have been taken within the last 12 months.</p>
<p>ALL AFFIRMATIVE ANSWERS FOR QUESTIONS 14 THROUGH 19 MUST BE EXPLAINED IN DETAIL ON A SEPARATE SHEET. DOCUMENTATION SUBSTANTIATING THE EXPLANATION IS REQUIRED.</p>			
<p>12. Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction? Note: You must include <u>all</u> misdemeanors and felonies, even if adjudication was withheld, or the conviction was set aside, dismissed or expunged.</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
<p>13. Is there any criminal action, either misdemeanor or felony, pending against you?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
<p>14. Have you had any application for professional license/registration denied by any governmental agency of any state, territory or country, or the U.S. military?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
<p>15. Have you ever had any professional license/registration revoked, suspended, placed on probation, received a citation, or was other disciplinary action ever taken in any state, territory or country?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
<p>16. Have you ever been notified to appear before any licensing agency for a hearing on a complaint of any nature including, but not limited to, a charge or violation of unprofessional or unethical conduct?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
<p>17. Is any disciplinary action pending before any governmental agency of any state, territory or country, or the U.S. military?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
<p>Notice: All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will delay the processing of your application. The information provided will be used to determine your qualification for registration per Section 2529 of the California Business and Professions Code, which authorizes the collection of this information. The information on your application may be transferred to other licensing/registration authorities or other governmental or law enforcement agencies. You have the right to review your application subject to the provisions of the Information Practices Act. The Chief of the Licensing Program is the custodian of records.</p>			
<p>The applicant, being first duly sworn upon his/her oath deposes and says: that I am the person herein named subscribing to this application; that I have read the complete application, know the full content thereof, and declare under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; that I am the lawful holder of a doctorate degree as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which I am aware and that I am the lawful holder thereof. Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present, and future), business and professional associates (past, present, and future), and all government agencies (local, state, federal, or foreign) to release to the Medical Board of California or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug and/or alcohol abuse or dependency, requested by the Board in connection with this application; or any further or future investigation by that Board necessary to determine my competence, professional conduct, or physical or mental ability to safely engage in the practice of research psychoanalysis. I further authorize the Medical Board of California or its successors to release to the organizations, individuals, or groups listed above any information which is material to this application or any subsequent licensure/registration. I understand that falsification or misrepresentation of any item or response on this application or any attachment hereto is sufficient basis for denying or revoking a license/registration.</p> <p>Signature of Applicant: _____</p> <p style="text-align: center;">(Please sign full name, not initials.)</p> <p>Signed and sworn to before me this _____ day of _____, _____</p> <p>Signature of Notary: _____</p> <p>My commission expires: _____ Address: _____</p>			

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